

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **September 1st through 15th, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> September 11, 2002		Applicant Identifier <div style="border: 1px solid black; padding: 2px; text-align: center;">SEP 13 2002</div>	
		<b>3. DATE RECEIVED BY STATE</b> September 11, 2002		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> September 11, 2002		Federal Identifier	
		STATE CLEARING HOUSE			

<b>5. APPLICANT INFORMATION</b> Legal Name: <u>Sacramento County Sheriff's Department</u> Address (give city, county, State, and zip code): <u>711 G Street</u> <u>Sacramento, CA 95814</u>		Organizational Unit:  Name and telephone number of person to be contacted on matters involving this application (give area code): <u>Karen Johnson (916) 874-1625</u>	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">94-60000529</div>		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) _____         </div> </div> <div style="text-align: right; margin-top: -20px;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">B</div></div>	
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> <u>DOJ / COPS Office / OJP</u>	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; height: 20px;"></div>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <u>2002 Technology Assistance Program</u>	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> <u>Sacramento County</u>			
<b>13. PROPOSED PROJECT</b> Start Date    Ending Date		<b>14. CONGRESSIONAL DISTRICTS OF:</b> <u>3, 5, 11</u>	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 1,000,000.00	a. <input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>9/12/2002</u>  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ .00		
c. State	\$ .00		
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative <u>Lou Blanas</u>		b. Title <u>Sheriff</u>	
d. Signature of Authorized Representative 		c. Telephone Number <u>(916) 874-8444</u>	
		e. Date Signed <u>9-12-02</u>	

RECEIVED  
SL. 13 2002

OMB Approval No. 0348-0043

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		STATE CLEARING HOUSE	
3. DATE RECEIVED BY STATE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION					
Legal Name: South County Economic Development Council			Organizational Unit: SouthCounty EDC		
Address (give city, county, State, and zip code): 1111 Bay Boulevard, Suite E Chula Vista, California 91911			Name and telephone number of person to be contacted on matters involving this application (give area code): Enrique Melgar (619) 424-5143		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 33-0447669			7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):			A. State M. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) Non-Profit CDC		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE CSBG DISC 93-570			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Priority Area 1 Operational Project (OP)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): South San Diego County, California			9. NAME OF FEDERAL AGENCY: DHHS-ACF-OCS		
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: Bob Filner			
Start Date 10/1/02	Ending Date 9/30/05	a. Applicant 50th District		b. Project 50th District	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$ 500,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 9/13/02			
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?			
d. Local	\$ 125,000	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
e. Other	\$ 1,875,000	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
f. Program Income	\$	a. Type Name of Authorized Representative Enrique Melgar			
g. TOTAL	\$ 2,500,000	b. Title Chairman			
d. Signature of Authorized Representative		c. Telephone Number (619) 424-5143			
		e. Date Signed 9/10/02			

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 9/9/02 August 30, 2002		Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier			

<b>5. APPLICANT INFORMATION</b>					
Legal Name: Certified Development Corp. of Tulare County			Organizational Unit:		
Address (give city, county, State, and zip code): 205 E. San Joaquin Tulare, CA 93274			Name and telephone number of person to be contacted on matters involving this application (give area code) Lisa Hollingshead, President 559-688-6666		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 77 — 0517214			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) <u>Non Profit</u> </div> </div> <div style="text-align: right; margin-top: -20px;"> <input checked="" type="checkbox"/> N         </div>		
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           A. Increase Award            D. Decrease Duration         </div> <div>           B. Decrease Award            Other(specify):         </div> <div>           C. Increase Duration         </div> </div>			<b>9. NAME OF FEDERAL AGENCY:</b>		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="text-align: right;">10 — 767</div> TITLE: Intermediary Relending Program			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Small business Revolving Loan Fund for eligible rural areas of Tulare County, California.		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Tulare County, except Porterville, Tulare, Visalia.					

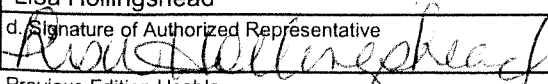
  

<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>			
Start Date 4/1/01	Ending Date 3/31/02	a. Applicant 19, 20, and 21		b. Project 19, 20 and 21	

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE <u>-08/30/02- 9/9/02</u>  b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 500,000 <sup>00</sup>		
b. Applicant	\$ 125,000 <sup>00</sup>		
c. State	\$ <sup>00</sup>		
d. Local	\$ <sup>00</sup>		
e. Other	\$ <sup>00</sup>		
f. Program Income	\$ <sup>00</sup>		
g. TOTAL	\$ 625,000 <sup>00</sup>	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Type Name of Authorized Representative Lisa Hollingshead		b. Title President		c. Telephone Number (559) 688-8888	
d. Signature of Authorized Representative 		e. Date Signed 8/27/02			

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. Q346-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		September 9, 2002	
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
		EMP-2003-GR-	
5. APPLICANT INFORMATION			
Legal Name: State of California		Organizational Unit: Governor's Office of Emergency Services	
Address (give city, county, state, and zip code): P. O. Box 418047 Rancho Cordova, CA 95741-8047		Name and telephone number of person to be contacted on matters involving this application (give area code): Sydney Fields (916) 845-8305	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68 - 0276801		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>A</b>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es)) A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify):		A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify)	
9. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: EMPG 83 - 552		10. NAME OF FEDERAL AGENCY: FEMA	
11. AREA AFFECTED BY PROJECT (Cities, Counties, States, etc.): Statewide		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
12. PROPOSED PROJECT:		13. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
10/01/02	9/30/03		
14. ESTIMATED FUNDING:		15. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 8,932,877.00 .00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: September 9, 2002	
b. Applicant	\$ .00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 5,390,419.00 .00	16. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes    If "Yes," attach an explanation <input checked="" type="checkbox"/> No	
d. Local	\$ 4,542,458.00 .00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 18,865,754.00 .00		
17. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Dallas Jones		b. Title Director	c. Telephone Number (916) 845-8500
d. Signature of Authorized Representative <i>Dallas Jones</i>		e. Date Signed 9/9/02	

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**APPLICATION FOR  
FEDERAL ASSISTANCE**2. DATE SUBMITTED  
**June 3, 2002**

Applicant Identifier

1. TYPE OF  
SUBMISSION  
Application  
☒ ConstructionPresapplication  
☐ Construction☐ Non-Construction ☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

**STATE CLEARING HOUSE****5. APPLICANT INFORMATION**Legal Name:  
**City of Turlock**

Organizational Unit

Address (give city, county, state, and zip code)  
**City of Turlock  
156 South Broadway, Suite 230  
County of Stanislaus  
Turlock, California 95380**Name and telephone number of the person to be contacted on matters involving  
this application (give area code)  
**Steven H. Kyte, City Manager  
209-668-5540**

EMPLOYER IDENTIFICATION NUMBER (EIN):

**9 4 - 6 0 0 0 4 4 5****8. TYPE OF APPLICATION:**☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A Increase Award B Decrease Award C Increase Duration  
D Decrease Duration Other (specify)

7. TYPE OF APPLICANT: (enter appropriate letter in box)

**C**A. State  
B. County  
C. Municipal  
D. Township  
E. Interstate  
F. Intermunicipal  
G. Special District  
H. Interdependent School District  
I. State Controlled Institution of Higher Learning  
J. Private University  
K. Indian Tribe  
L. Individual  
M. Profit Organization  
N. Other (Specify)

9. NAME OF FEDERAL AGENCY

**Federal Aviation Administration**10. CATALOG OF FEDERAL DOMESTIC  
ASSISTANCE NUMBER**2 0 1 0 6**TITLE: **Airport Improvement  
Program (AIP)**

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

**City of Turlock and those areas of Stanislaus and Merced  
Counties served by the Airport.**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

**Taxiway Rehabilitation and Drainage, Apron Rehabilitation  
and Drainage (Phase I), and Fire Protection****13. PROPOSED PROJECT**Start Date  
**07/01/02**Ending Date  
**12/31/03****14. CONGRESSIONAL DISTRICTS OF**a. Applicant  
**18<sup>th</sup> Congressional  
City of Turlock, Stanislaus County**b. Project  
**18<sup>th</sup> Congressional  
Turlock Municipal Airport, Merced County****15. ESTIMATED FUNDING**

a. Federal	\$	<b>1,293,750</b>	<b>.00</b>
b. Applicant	\$	<b>79,062</b>	<b>.00</b>
c. State	\$	<b>64,688</b>	<b>.00</b>
d. Local	\$		
e. Other	\$		
f. Program income	\$		
g. TOTAL	\$	<b>1,437,500</b>	<b>.00</b>

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS

a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE  
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ONDATE: **June 3, 2002**b. NO. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☒ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If yes, attach an explanation ☒ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY  
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS  
AWARDEDa. Typed Name of Authorized Representative  
**Steven H. Kyte**b. Title  
**City Manager**c. Telephone number  
**209-668-5540**

d. Signature of Authorized Representative

e. Date Signed

**6/6/02**

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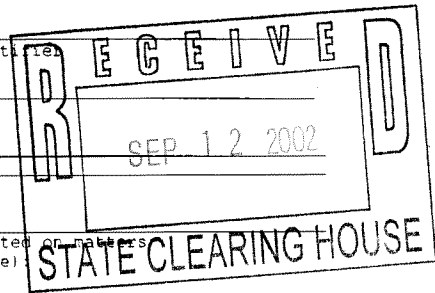
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APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

REVISED		2. Date Submitted		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. Date Received by State		State Application Identifier	
Application: <input type="checkbox"/> Construction <input type="checkbox"/> Nonconstruction Preapplication: <input type="checkbox"/> Construction <input type="checkbox"/> Nonconstruction		4. Date Rec'd by Fed Agency		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name State Water Resources Control Board		Organizational Unit Division of Water Quality			
Address (give city, county, state, and zip code): State Water Resources Control Board 1001 I Street Sacramento County Sacramento, CA 95814		Name and telephone of person to be contacted or matters involving this application (give area code): James Maughan (916) 341-5522			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 6 8 0 2 8 1 9 8 6		7. TYPE OF APPLICANT: (enter appropriate letter in box) <u>A</u>			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify):		A. State H. Independent School Dist. B. County I. State Institute Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify):			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 6 6 1 4 1 9 TITLE: Water Pollution Control State and Interstate Program Support		9. NAME OF FEDERAL AGENCY: U.S. Environmental Protection Agency			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc) California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: To establish and maintain adequate measures for prevention and control of surface and ground water pollution.			
13. PROPOSED PROJECT Start Date: 7/1/02 Ending Date: 6/30/03		14. CONGRESSIONAL DISTRICT OF: a. Applicant: 3 b. Project: California--All			
15. ESTIMATED FUNDING a. Federal \$ 10,482,600.00 b. Applicant \$ .00 c. State \$ 4,152,969.00 d. Local \$ .00 e. Other \$ .00 f. Program Income \$ .00 g. TOTAL \$ 14,635,569.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES: This Preapplication/Application was made available to the State Executive Order 12372 process for review on: Date: May 8, 2002 b. NO: <input type="checkbox"/> Program is not covered by EO 12372. <input type="checkbox"/> Or program has not been selected by state for review.			
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes, attach an explanation. <input checked="" type="checkbox"/> No					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Celeste Cantu		b. Title Executive Director		c. Telephone Number (916) 341-5615	
d. Signature of Authorized Representative				e. Date Signed	
Previous Editions Not Usable					
Standard Form 424 (Rev 7-97) Prescribed by OMB Circular A-012					
AUTHORIZED FOR LOCAL REPRODUCTION					

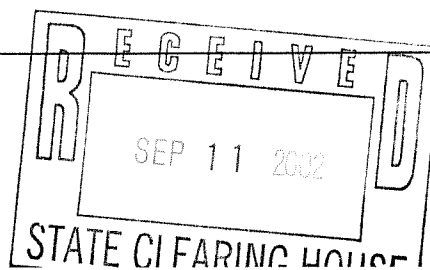


# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 03/29/02	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: City of Turlock		Organizational Unit: Municipal Services	
Address (give city, county, state and zip code): City Hall 156 South Broadway Turlock, CA 95380		Name and telephone number of the person to be contacted on matters involving this application (give area code): Carla McLaughlin (209)668-5599 ext. 4409	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 0 0 4 4 5		7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px;">C</span> A. State                      H. Independent School Dist. B. County                      I. State Controlled Institution of Higher Learning C. Municipal                      J. Private University D. Township                      K. Indian Tribe E. Interstate                      L. Individual F. Intermunicipal                      M. Profit Organization G. Special District                      N. Other (specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/>  A. Increase Award                      B. Decrease Award                      C. Increase duration D. Decrease Duration                      Other (specify):		9. NAME OF FEDERAL AGENCY: National Park Service – Pacific West Region	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  1 5 - 9 1 9  TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Remove existing wading pool that was built back in 1947. The wading pool is non-compliant with ADA, it has several leaks and is in very poor condition. We will replace the wading pool with a new Spray Water Feature for the children of this low income neighborhood that will be ADA compliant.	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  City of Turlock			
13. PROPOSED PROJECT: Start Date: 09/26/02      Ending Date: 09/26/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 18      b. Project 18	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 119,068.50	<input checked="" type="radio"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE ____ At full application  b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$		
c. State	\$ 16,894.50		
d. Local	\$		
e. Other	\$ 10,000.00		
f. Program Income	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes      If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 145,963.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative: Steven H. Kyte		b. Title: City Manager	c. Telephone Number: (209)668-5542 ext. 1101
d. Signature of Authorized Representative:		e. Date Signed: 8/28/02	

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Standard Form 424 (REV 4-92)  
Prescribed by OMB Circular A-102



APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

REVISED

## 1. TYPE OF SUBMISSION:

Application ☐ Construction ☐ Preapplication ☐ Construction ☐ Nonconstruction ☒ Nonconstruction

## 5. APPLICANT INFORMATION

Legal Name

State Water Resources Control Board

Organizational Unit

Division of Water Quality

Address (give city, county, state, and zip code):

State Water Resources Control Board  
1001 I Street  
Sacramento County  
Sacramento, CA 95814

Name and telephone of person to be contacted on matters involving this application (give area code):

James Maughan  
(916) 341-5523

## 6. EMPLOYER IDENTIFICATION NUMBER (EIN):

6 8 0 2 8 1 9 8 6

## 8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award  
C. Increase Duration D. Decrease Duration  
Other (Specify)

10. CATALOG OF FEDERAL DOMESTIC  
ASSISTANCE NUMBER

6 6 - 4 6 3

TITLE: Water Quality Cooperative Agreements

## 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc)

California

## 13. PROPOSED PROJECT

Start Date

7/1/02

Ending Date

6/30/03

## 15. ESTIMATED FUNDING

a. Federal	\$ 750,000.00
b. Applicant	\$ .00
c. State	\$ .00
d. Local	\$ .00
e. Other	\$ 410,000.00
f. Program Income	\$ .00
g. TOTAL	\$ 1,160,000.00

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

Celeste Cantú

b. Title

Executive Director

c. Telephone Number

(916) 341-5615

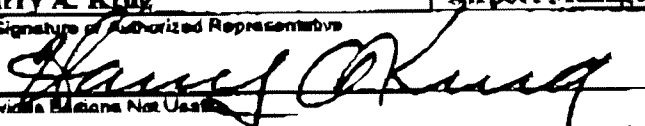
d. Signature of Authorized Representative

e. Date Signed

Previous Editions Not Usable

Standard Form 424 (Rev 7-97)  
Prescribed by OMB Circular A-012

AUTHORIZED FOR LOCAL REPRODUCTION

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>June 7, 2002</b>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>          SEP 11 2002          STATE CLEARING HOUSE       </div>																													
1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY																													
5. APPLICANT INFORMATION		Legal Name: <b>County of Colusa</b> Address (give city, county, state, and zip code): <b>100 Sunrise Boulevard, Suite F</b> <b>County of Colusa</b> <b>Colusa, California 95832</b>																															
Organizational Unit: <b>Colusa County Airport</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code): <b>Harry A. Krug, Airport Manager</b> <b>530-458-0580</b>																															
EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>13-1616161616</b> </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>B</b> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Interdependent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)																															
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A Increase Award <input type="checkbox"/> B Decrease Award <input type="checkbox"/> C Increase Duration <input type="checkbox"/> D Decrease Duration <input type="checkbox"/> Other (specify)		9. NAME OF FEDERAL AGENCY <b>Federal Aviation Administration</b>																															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>20106</b> </div>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Environmental Assessment for 5-year Airport Capital Improvement Program Projects</b>																															
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <b>County of Colusa</b>																																	
13. PROPOSED PROJECT Start Date: <b>9/1/2</b> Ending Date: <b>8/31/3</b>		14. CONGRESSIONAL DISTRICTS OF a. Applicant: <b>Douglas Osc 3<sup>rd</sup> Congressional District</b> b. Project: <b>Douglas Osc 3<sup>rd</sup> Congressional District</b>																															
15. ESTIMATED FUNDING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td><b>45,000</b></td> <td><b>.00</b></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td><b>2,750</b></td> <td><b>.00</b></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td><b>2,250</b></td> <td><b>.00</b></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td><b>.00</b></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td><b>.00</b></td> </tr> <tr> <td>f. Program income</td> <td>\$</td> <td></td> <td><b>.00</b></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td><b>50,000</b></td> <td><b>.00</b></td> </tr> </table>		a. Federal	\$	<b>45,000</b>	<b>.00</b>	b. Applicant	\$	<b>2,750</b>	<b>.00</b>	c. State	\$	<b>2,250</b>	<b>.00</b>	d. Local	\$		<b>.00</b>	e. Other	\$		<b>.00</b>	f. Program income	\$		<b>.00</b>	g. TOTAL	\$	<b>50,000</b>	<b>.00</b>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <b>June 7, 2002</b> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	\$	<b>45,000</b>	<b>.00</b>																														
b. Applicant	\$	<b>2,750</b>	<b>.00</b>																														
c. State	\$	<b>2,250</b>	<b>.00</b>																														
d. Local	\$		<b>.00</b>																														
e. Other	\$		<b>.00</b>																														
f. Program income	\$		<b>.00</b>																														
g. TOTAL	\$	<b>50,000</b>	<b>.00</b>																														
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes if yes, attach an explanation <input checked="" type="checkbox"/> No																															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED																																	
a. Typed Name of Authorized Representative <b>Harry A. Krug</b>		b. Title <b>Airport Manager</b>		c. Telephone number <b>530-458-0580</b>																													
d. Signature of Authorized Representative 				e. Date Signed <b>9/11/02</b>																													

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application Construction Non-Construction		2. DATE SUBMITTED		Application Identifier
		3. DATE RECEIVED BY STATE		State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier
Preapplication Construction Non-Construction				

**5. APPLICATION INFORMATION**

Legal Name <b>The Regents of the University of California</b>	Organizational Unit <b>CE-CERT</b>		
Address (give city, county, state, and zip code) <b>University of California, Riverside Office of Research Affairs 200 University Office Building Riverside, CA 92521</b>	Name and telephone number of the person to be contacted on matters involving this application (give area code) <table border="0"> <tr> <td><b>Administrative Contact</b> <b>Linda L. Bryant</b> <b>909-787-5535</b></td> <td><b>Technical Contact</b> <b>Gail S. Tonnesen</b> <b>909-781-5676</b></td> </tr> </table>	<b>Administrative Contact</b> <b>Linda L. Bryant</b> <b>909-787-5535</b>	<b>Technical Contact</b> <b>Gail S. Tonnesen</b> <b>909-781-5676</b>
<b>Administrative Contact</b> <b>Linda L. Bryant</b> <b>909-787-5535</b>	<b>Technical Contact</b> <b>Gail S. Tonnesen</b> <b>909-781-5676</b>		

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**

9	5	—	6	0	0	6	1	4	2
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**7. TYPE OF APPLICANT: (enter appropriate letter in box)**

1
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- |                     |                                                    |
|---------------------|----------------------------------------------------|
| A. State            | H. Independent School Dist.                        |
| B. County           | I. State Controlled Institution of Higher Learning |
| C. Municipal        | J. Private University                              |
| D. Township         | K. Indian Tribe                                    |
| E. Interstate       | L. Individual                                      |
| F. Intermunicipal   | M. Profit Organization                             |
| G. Special District | N. Other (Specify):                                |

**8. TYPE OF APPLICATION:**
☒ New      Continuation      Revision

If Revision, enter appropriate letter(s) in boxes(es)

- |                                                                     |                                            |                                               |
|---------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> A. Increase Award                          | <input type="checkbox"/> B. Decrease Award | <input type="checkbox"/> C. Increase Duration |
| <input type="checkbox"/> D. Decrease Duration      Other (specify): |                                            |                                               |

**9. NAME OF FEDERAL AGENCY:**

Environmental Protection Agency

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**

6	6	5	0	0
---	---	---	---	---

**TITLE: 2002-STAR-N1, Assessing the Consequences of Global Change for Air Quality**
**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**
**Assessment of Future Climate Effects on Regional Air Quality Using Coupled Meteorological and Air Quality Simulation Models**
**12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)**

All USA

**13. PROPOSED PROJECT:**

Start Date

Ending Date

**14. CONGRESSIONAL DISTRICTS OF:**

a. Applicant

CA 43

b. Project

CA 43

**15. ESTIMATED FUNDING:**

a. Federal	\$900,000
b. Applicant	\$
c. State	\$
d. Local	\$
e. Other	\$
f. Program Income	\$
g. TOTAL	\$900,000

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

- a. ☒ **YES** THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 9/9/02

- b. ☐ **NO** PROGRAM IS NOT COVERED BY E.O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**

Yes      If "Yes," attach an explanation.

No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

**a. Typed Name of Authorized Representative**

Linda L. Bryant

**b. Title**

Principal Contract and Grant Analyst

**c. Telephone number**

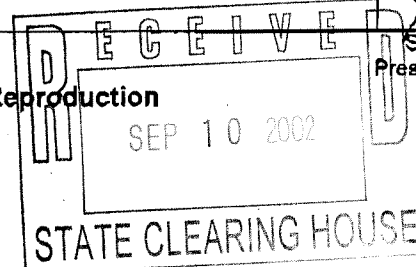
(909) 787-5535

**d. Signature of Authorized Representative****e. Date Signed**

9/9/02

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# PART I - FACE SHEET

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		1. TYPE OF SUBMISSION: Non-Construction															
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):		3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 03SF026325		4. DATE RECEIVED:	GRANT NUMBER: 02SFPCA016														
5. APPLICATION INFORMATION																	
LEGAL NAME: SENIORS COUNCIL SANTA CRUZ/SAN BENITO		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):															
ADDRESS (give street address, city, state and zip code): 234 Santa Cruz Ave Aptos CA 95003		NAME: Thomas Reece TELEPHONE NUMBER: 4084750816x16 FAX NUMBER: 8316881225 INTERNET E-MAIL ADDRESS:															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 942662950		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization															
8. TYPE OF APPLICATION: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/>  A. Increase Award      B. Decrease Award      C. Increase Duration  D. Decrease Duration		<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <b>SEP 10 2002</b>  RECEIVED </div>															
9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>																	
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.011 10b. TITLE: Foster Grandparents		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: TRI-COUNTY CA FGP															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): California- Santa Cruz County, Monterey County, San Benito County - Santa Cruz, Felton, Live Oak, Soquel, Aptos, Watsonville, Pajaro, Castroville, Hollister,!																	
13. PROPOSED PROJECT: START DATE: 01/01/03      END DATE: 12/31/03		14. PERFORMANCE PERIOD: START DATE:      END DATE:															
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 06-SEP-02															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. FEDERAL</td> <td style="width: 80%;">\$ 545,168.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 218,592.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 46,208.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 172,384.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 763,760.00</td> </tr> </table>		a. FEDERAL	\$ 545,168.00	b. APPLICANT	\$ 218,592.00	c. STATE	\$ 46,208.00	d. LOCAL	\$ 172,384.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 763,760.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
a. FEDERAL	\$ 545,168.00																
b. APPLICANT	\$ 218,592.00																
c. STATE	\$ 46,208.00																
d. LOCAL	\$ 172,384.00																
e. OTHER	\$ 0.00																
f. PROGRAM INCOME	\$ 0.00																
g. TOTAL	\$ 763,760.00																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Thomas Reece		b. TITLE: PROG. Dir.															
		c. TELEPHONE NUMBER: 4084750816x16															
		d. DATE: 9/6/02															

# PART I - FACE SHEET

## APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:  
Non-Construction

2a. DATE SUBMITTED TO CORPORATION  
FOR NATIONAL AND COMMUNITY  
SERVICE (CNCS):

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:

03SC026343

4. DATE RECEIVED:

GRANT NUMBER:

02NCPCA011

### 6. APPLICATION INFORMATION

LEGAL NAME: SENIORS COUNCIL SANTA CRUZ/SAN BENITO

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER  
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give  
area codes):

NAME: Thomas Reeße

TELEPHONE NUMBER: 4084750816x16

FAX NUMBER: 8316881225

INTERNET E-MAIL ADDRESS:

ADDRESS (give street address, city, state and zip code):

234 Santa Cruz Ave  
Aptos CA 95003

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

942662950

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. Community-Based Organization

8. TYPE OF APPLICATION:

☐ NEW

☒ CONTINUATION

☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

9. NAME OF FEDERAL AGENCY:

**Corporation for National and Community Service**

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.016

10b. TITLE: Senior Companion Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

TRI-COUNTY SCP

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):

California: Counties of Santa Cruz, San Benito, Monterey: Communities of Santa Cruz,  
Aptos, Salinas, Seaside, Hollister

13. PROPOSED PROJECT: START DATE: 01/01/03

END DATE: 12/31/03

14. PERFORMANCE PERIOD: START DATE:

END DATE:

15. ESTIMATED FUNDING:

a. FEDERAL

\$ 1,070.00

b. APPLICANT

\$ 219,956.00

c. STATE

\$ 184,537.00

d. LOCAL

\$ 35,419.00

e. OTHER

\$ 0.00

f. PROGRAM INCOME

\$ 0.00

g. TOTAL

\$ 221,026.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE  
ORDER 12372 PROCESS?

☐ YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE  
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR  
REVIEW ON:  
DATE:

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES if "Yes," attach an explanation. ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN  
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE  
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Thomas Reeße

b. TITLE:

PROG-DIR.

c. TELEPHONE NUMBER:

4084750816x16

d. DATE:

9/6/02

OMB Approval No. 0348-0043

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED August 12, 2002	Applicant Identifier N/A
<input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY 8-13-02	Federal Identifier 06-01483
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) Odel T. King, Jr. (916) 653-8758	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]		TYPE OF APPLICANT: (enter appropriate letter in box) <b>A</b>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [ ] [ ] A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [ ] [ ] 5 - [ ] [ ] 1 [ ] 6 TITLE: Outdoor Recreation - Acquisition, Development & Planning		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-77574		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Lake Webb Campground Development Kern County Parks and Recreation 1110 Golden State Avenue Bakersfield, CA 93301	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/1/02	Ending Date 6/30/06	a. Applicant 03	b. Project 21
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 127,573 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 9/5/02	
b. Applicant	\$ 127,573 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ <sup>00</sup>	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ <sup>00</sup>	<input type="checkbox"/> Yes - If "Yes," attach an explanation. <input type="checkbox"/> No	
f. Program Income	\$ <sup>00</sup>	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
g. TOTAL	\$ 255,146 <sup>00</sup>		
a. Type Name of Authorized Representative Rusty Areias		c. Telephone Number (916) 653-7423	
b. Title Director, Parks and Recreation		e. Date Signed 8-13-02	
d. Signature of Authorized Representative <i>Rusty Areias</i>			

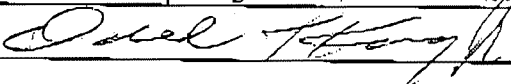
## PART I - FACE SHEET



<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		1. TYPE OF SUBMISSION: Non-Construction													
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 09/06/02	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:													
2b. APPLICATION ID: 03SR026312	4. DATE RECEIVED: 09/06/02	GRANT NUMBER: 02SRPCA116													
5. APPLICATION INFORMATION															
LEGAL NAME: N. CA PRESBYTERIAN HOMES & SRVS INC		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Maureen T. McGuinness TELEPHONE NUMBER: 415-731-3335 FAX NUMBER: 415-731-3337 INTERNET E-MAIL ADDRESS: rsvp4@mindspring.com													
ADDRESS (give street address, city, state and zip code): 1525 Post St San Francisco CA 94019															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 941437728		7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Faith-based organization													
8. TYPE OF APPLICATION: <input type="checkbox"/> NEW <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/>  A. Increase Award    B. Decrease Award    C. Increase Duration  D. Decrease Duration		9. NAME OF FEDERAL AGENCY: <b>Corporation for National and Community Service</b>													
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002 10b. TITLE: Retired and Senior Volunteer Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: SAN FRANCISCO RSVP													
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): San Francisco City and County															
13. PROPOSED PROJECT: START DATE: 01/01/01    END DATE: 12/31/03		14. PERFORMANCE PERIOD: START DATE:    END DATE:													
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 05-SEP-02													
<table border="1"> <tr> <td>a. FEDERAL</td> <td>\$ 131,863.00</td> </tr> <tr> <td>b. APPLICANT</td> <td>\$ 101,404.00</td> </tr> <tr> <td>c. STATE</td> <td>\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td>\$ 101,404.00</td> </tr> <tr> <td>e. OTHER</td> <td>\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td>\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 233,267.00</td> </tr> </table>			a. FEDERAL	\$ 131,863.00	b. APPLICANT	\$ 101,404.00	c. STATE	\$ 0.00	d. LOCAL	\$ 101,404.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL
a. FEDERAL	\$ 131,863.00														
b. APPLICANT	\$ 101,404.00														
c. STATE	\$ 0.00														
d. LOCAL	\$ 101,404.00														
e. OTHER	\$ 0.00														
f. PROGRAM INCOME	\$ 0.00														
g. TOTAL	\$ 233,267.00														
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES    if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.															
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Barbara Hood	b. TITLE: President & CEO	c. TELEPHONE NUMBER: 415-922-0200													
		d. DATE: 09/06/02													

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> August 13, 2002	Applicant Identifier N/A
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier SAI-EXEMPT
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier 06-01459
<b>5. APPLICANT INFORMATION</b>			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) Odel T. King, Jr. (916) 653-8758	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 00-000000		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> A	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 15-916 TITLE: Outdoor Recreation - Acquisition, Development & Planning		<b>9. NAME OF FEDERAL AGENCY:</b> Department of the Interior National Park Service - Western Region 1443	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> 06-75000		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Pixie Woods Playground Development City of Stockton, Dept. of Parks & Recreation 6 East Lindsay Street Stockton, CA 95202-1997	
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date 10/1/02	Ending Date 6/30/06	a. Applicant 03	b. Project 11
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 151,536.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$ 151,536.00	DATE	
c. State	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ .00	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 303,072.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation	
c. Telephone Number (916) 653-7423		e. Date Signed 8-13-02	
d. Signature of Authorized Representative 			



# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

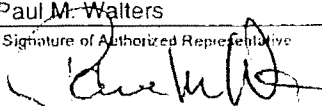
<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> August 12, 2002	Applicant Identifier N/A
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier SAI-EXEMPT
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> 8-18-02	Federal Identifier 06-01466
<b>5. APPLICANT INFORMATION</b>			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) Ode T. King, Jr. (916) 653-8758	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 00-00000000		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ [A]	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> Department of the Interior National Park Service - Western Region 1443	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 15-916 TITLE: Outdoor Recreation - Acquisition, Development & Planning		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Creekwood Park Development City of Modesto 1010 Tenth Street Suite 4400 Modesto, CA 95354	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> 06-48354			
<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
Start Date 10/1/02	Ending Date 6/30/06	a. Applicant 03	b. Project 18
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 36,531.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 9/9/02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 36,531.00		
c. State	\$ .00		
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 73,062.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Representative Ode T. King		e. Date Signed 8-18-02	

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 Standard Form 424 (Rev. 7-97)  
 Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

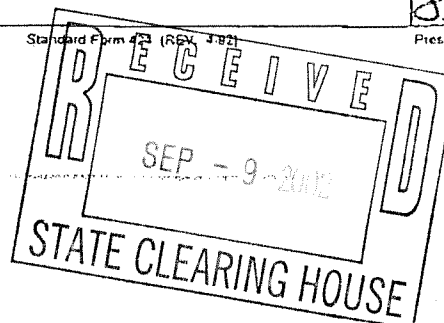
1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED plk intifier N/A	
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE State Applicant Identifier N/A	
		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier N/A	
5. APPLICANT INFORMATION			
Legal Name: Santa Ana, City of		Organizational Unit:	
Address (give city, county, state, and zip code): 60 Civic Center Plaza Santa Ana, CA 92702		Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Anthony Bertragna Phone: 7142458029	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 956000785		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 6 . 7 1 0 TITLE: 2002 Technology Initiative		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Technology Grant/Crime Analysis Project	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc): City of Santa Ana			
13. PROPOSED PROJECT: Start Date: 10/01/2001 Ending Date: 9/30/2002		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project	
15. ESTIMATED FUNDING: a. Federal \$ 500000.00 b. Applicant \$ .00 c. State \$ .00 d. Local \$ .00 e. Other \$ .00 f. Program Income \$ .00 g. TOTAL \$ .00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON. DATE _____ <input checked="" type="checkbox"/> NO PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Paul M. Walters		b. Title Chief of Police	
d. Signature of Authorized Representative 		c. Telephone number (714) 245-8001 e. Date Signed 8.16.02	

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Standard Form 424 (REV. 7-82)

Prescribed by OMB Circular A-10



APPLICATION FOR  
FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION</b> <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  		<b>Applicant Identifier</b> N/A	
<i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>  		<b>State Applicant Identifier</b> N/A	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  		<b>Federal Identifier</b> N/A	

<b>5. APPLICANT INFORMATION</b>			
<b>Legal Name:</b> Santa Ana, City of		<b>Organizational Unit:</b>	
<b>Address (give city, county, state, and zip code):</b> 60 Civic Center Plaza Santa Ana, CA 92702		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> <b>Name:</b> Anthony Bertagna <b>Phone:</b> 7142458029	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 956000785		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <span style="border: 1px solid black; padding: 0 5px;">C</span>	
<b>8. TYPE OF APPLICATION:</b> <div style="text-align: center;"> <input checked="" type="checkbox"/> New    <input type="checkbox"/> Continuation    <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es): <span style="border: 1px solid black; padding: 0 5px;"></span> <span style="border: 1px solid black; padding: 0 5px;"></span> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify): _____		A. State                      H. Independent School Dist. B. County                    I. State Controlled Institution of Higher Learning C. Municipal                J. Private University D. Township                K. Indian Tribe E. Interstate                L. Individual F. Intermunicipal           M. Profit Organization G. Special District        N. Other (Specify) _____	
		<b>9. NAME OF FEDERAL AGENCY:</b> Department of Justice Office of Community Oriented Policing Services	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="text-align: center;"> <span style="border: 1px solid black; padding: 2px 5px;">1</span> <span style="border: 1px solid black; padding: 2px 5px;">6</span> <span style="border: 1px solid black; padding: 2px 5px;">7</span> <span style="border: 1px solid black; padding: 2px 5px;">1</span> <span style="border: 1px solid black; padding: 2px 5px;">0</span> </div> <b>TITLE:</b> 2002 Technology Initiative		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Technology Grant/Crime Analysis Project	
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> City of Santa Ana			

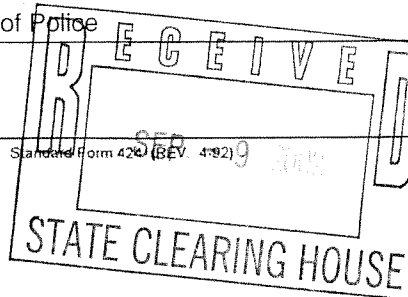
<b>13. PROPOSED PROJECT:</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
<b>Start Date</b> 10/01/2001	<b>Ending Date</b> 9/30/2002	a. Applicant                      b. Project	

<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 500000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ .00		
c. State	\$ .00		
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation <input checked="" type="checkbox"/> No	

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
<b>a. Typed Name of Authorized Representative</b> Paul M. Walters	<b>b. Title</b> Chief of Police	<b>c. Telephone number</b> (714) 245-8001
<b>d. Signature of Authorized Representative</b>		<b>e. Date Signed</b>



# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 12, 2002	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY 8/15/02	Federal Identifier 06-01463
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) Odel T. King, Jr. (916) 653-8758	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]		7. TYPE OF APPLICANT: (enter appropriate letter in box) [A]	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [ ] [ ] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1] [5] - [9] [1] [6] TITLE: Outdoor Recreation - Acquisition, Development & Planning		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-38562		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Clarkson/12th Ave Park Dev City of Kingsburg 1401 Draper Street Kingsburg, CA 93631	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/1/02	Ending Date 6/30/06	a. Applicant 03	b. Project 20th
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 87,855.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 9/9/02	
b. Applicant	\$ 87,855.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$ .00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
e. Other	\$ .00		
f. Program Income	\$ .00		
g. TOTAL	\$ 175,710.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Acting Director, Parks and Recreation	
c. Telephone Number (916) 653-7423		d. Signature of Authorized Representative Odel T. King Jr.	
e. Date Signed 8-13-02			

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Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED August 12, 2002	Applicant Identifier N/A
<input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY 8-15-02	Federal Identifier 06-01490
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) Odel T. King, Jr. (916) 653-8758	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px;">A</span>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [ ] [ ] A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [ ] [ ] 5 - [ ] [ ] [ ] [ ] 6 TITLE: Outdoor Recreation - Acquisition, Development & Planning		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-42370		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Cottonwood Park Development City of Loma Linda Department of Public works 25541 Barton Road Loma Linda, CA 92354	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/1/02	Ending Date 6/30/06	a. Applicant 03	b. Project 40
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 35,772 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____	
b. Applicant	\$ 35,772 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ _____ <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
d. Local	\$ _____ <sup>00</sup>		
e. Other	\$ _____ <sup>00</sup>		
f. Program Income	\$ _____ <sup>00</sup>		
g. TOTAL	\$ 71,544 <sup>00</sup>		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Rusty Areias		b. Title Director, Parks and Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Representative		e. Date Signed 8-13-02	

OMB Approval No. 0348-0043

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> August 12, 2002	Applicant Identifier N/A
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier SAI-EXEMPT
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> <i>8-15-02</i>	Federal Identifier 06-01486

<b>5. APPLICANT INFORMATION</b> Legal Name: California - Department of Parks and Recreation Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento California 06 94296-0001		Organizational Unit: California Department of Parks and Recreation Name and telephone number of person to be contacted on matters involving this application (give area code): Odel T. King, Jr. (916) 653-8758
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px;">         00-0000000       </div>	<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px;">A</span> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
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<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px;">  </span> <span style="border: 1px solid black; padding: 2px;">  </span> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____	<b>9. NAME OF FEDERAL AGENCY:</b> Department of the Interior National Park Service - Western Region 1443
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">         15-916       </div> TITLE: Outdoor Recreation - Acquisition, Development & Planning	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Miles Park Picnic Area Development City of Indio 100 Civic Center Mall Indio, CA 92201
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> 06-36448	
------------------------------------------------------------------------------------	--

<b>13. PROPOSED PROJECT</b> Start Date: 10/1/02    Ending Date: 6/30/06	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 03    b. Project: 44
----------------------------------------------------------------------------	------------------------------------------------------------------------------

<b>15. ESTIMATED FUNDING:</b> <table style="width:100%;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">76,573<sup>00</sup></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">76,573<sup>00</sup></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;"><sup>00</sup></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;"><sup>00</sup></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;"><sup>00</sup></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;"><sup>00</sup></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">153,146<sup>00</sup></td> </tr> </table>	a. Federal	\$	76,573 <sup>00</sup>	b. Applicant	\$	76,573 <sup>00</sup>	c. State	\$	<sup>00</sup>	d. Local	\$	<sup>00</sup>	e. Other	\$	<sup>00</sup>	f. Program Income	\$	<sup>00</sup>	g. TOTAL	\$	153,146 <sup>00</sup>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>9-5-02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	76,573 <sup>00</sup>																				
b. Applicant	\$	76,573 <sup>00</sup>																				
c. State	\$	<sup>00</sup>																				
d. Local	\$	<sup>00</sup>																				
e. Other	\$	<sup>00</sup>																				
f. Program Income	\$	<sup>00</sup>																				
g. TOTAL	\$	153,146 <sup>00</sup>																				

<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input type="checkbox"/> No	
-------------------------------------------------------------------------------------------------------------------------------------------------------------	--

<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
a. Type Name of Authorized Representative Ruth Coleman	b. Title Acting Director, Parks and Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Representative <i>Odel T. King</i>		e. Date Signed <i>8-15-02</i>

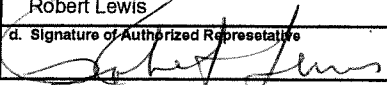
APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name: <u>V H M W Co TNC</u>		Organizational Unit:	
Address (give city, county, state, and zip code): <u>5423 CAMPBELL RD</u> <u>LOMPOC, CA. 93436</u> <u>SANTA BARBARA COUNTY</u>		Name and telephone number of person to be contacted on matters involving this application (give area code) <u>DEAN V. MILLIGAN (PRES)</u> <u>(805) 737 4074</u>	
6. EMPLOYER IDENTIFICATION (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">23-7431204</div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <span style="border: 1px solid black; padding: 2px; float: right;">G</span>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">10-760</div>		9. NAME OF FEDERAL AGENCY: <u>U.S.D.A. R.D.</u> <span style="float: right;">SEP - 5 2002</span>	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.) <u>SANTA BARBARA CO., CA.</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>CONSTRUCT NEW</u> <u>WATER WELL</u> <u>CONNECT TO EXISTING</u> <u>SYSTEM</u>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date <u>12/02</u>	Ending Date <u>12/02</u>	a. Applicant <u>DISTRICT #92</u>	b. Project <u>SAME</u>
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>325,000</u> .00	<input checked="" type="radio"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE _____  <input type="checkbox"/> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ .00		
c. State	\$ .00		
d. Local	\$ .00		
e. Other	\$ .00		
f. Program Income	\$ .00		
g. Total	\$ <u>325,000</u> .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES (Attach explanation) <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative <u>DEAN V. MILLIGAN</u>		b. Title <u>PRES. V.H.M.W.C.TNC</u>	c. Telephone Number <u>(805) 737 4074</u>
d. Signature of Authorized Representative <u>Dean V. Milligan</u>		e. Date Signed <u>8/14/02</u>	

UDS Number: 098150

OMB Approval No. 0348-0043

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  	Applicant Identifier  														
<b>3. DATE RECEIVED BY STATE</b>  		State Application Identifier  															
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  		Federal Identifier H80CS001- MCIP															
<b>5. APPLICANT INFORMATION</b> Legal Name: SOUTH COUNTY COMMUNITY HEALTH CENTER, INC. Address (give city, county, state, and zip code): 1798 - A Bay Road East Palo Alto CA 94303-1164 Organizational Unit: DIVISION OF HOSPITALS AND CLINICS Name and telephone number of the person to be contacted on matters involving this: Robert Lewis Executive Director 650-330-7410																	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 1943372130A1		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual Other: Private Non-Profit (Specify)															
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		<b>9. NAME OF FEDERAL AGENCY:</b> HHS, BPHC															
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> COMMUNITY HEALTH CENTERS		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT</b> South County Community Health Center, Inc. (SCCHC)															
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> East Palo Alto, N Fair Oaks, Belle Haven, E Redwood City		SEP - 5 2002 STATE CLEAR															
<b>13. PROPOSED PROJECT:</b> Start Date: 12/01/2002 Ending Date: 11/30/2004		<b>14. CONGRESSIONAL DISTRICTS</b> a. Applicant: 14 b. Project: 14															
<b>15. ESTIMATED FUNDING:</b> <table border="1"> <tr> <td>a. Federal</td> <td>\$1,963,083.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$0.00</td> </tr> <tr> <td>c. State</td> <td>\$0.00</td> </tr> <tr> <td>d. Local</td> <td>\$0.00</td> </tr> <tr> <td>e. Other</td> <td>\$121,610.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$875,737.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$2,960,430.00</td> </tr> </table>		a. Federal	\$1,963,083.00	b. Applicant	\$0.00	c. State	\$0.00	d. Local	\$0.00	e. Other	\$121,610.00	f. Program Income	\$875,737.00	g. TOTAL	\$2,960,430.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCES</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/01/2002 b. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
a. Federal	\$1,963,083.00																
b. Applicant	\$0.00																
c. State	\$0.00																
d. Local	\$0.00																
e. Other	\$121,610.00																
f. Program Income	\$875,737.00																
g. TOTAL	\$2,960,430.00																
<b>17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> YES If "Yes", attach an explanation <input checked="" type="checkbox"/> NO		<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b> a. Typed Name of Authorized Representative: Robert Lewis b. Title: Executive Director c. Telephone Number: 650-330-7410 d. Signature of Authorized Representative:  e. Date Signed: 09/04/02															



# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

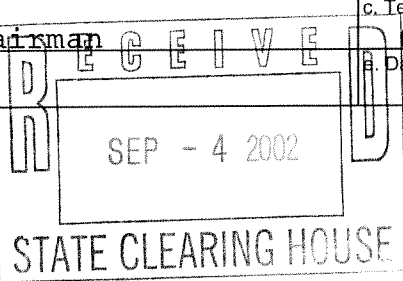
<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b>																													
Legal Name: <b>Artois Community Services District</b> Address (give city, county, State, and zip code): <div style="text-align: center;">P.O. Box 130 Artois, CA 95988</div>	Organizational Unit: <b>Water System</b> Name and telephone number of person to be contacted on matters involving this application (give area code) <b>Jack Cavier Jr. (530-934-5654)</b>																												
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px;">68</div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="text-align: right; border: 1px solid black; width: 20px; float: right;">G</div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div style="width: 48%;">           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) _____         </div> </div>																												
<b>8. TYPE OF APPLICATION:</b> <div style="text-align: center;"> <input checked="" type="checkbox"/> New              <input type="checkbox"/> Continuation              <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____	<b>9. NAME OF FEDERAL AGENCY:</b>  																												
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="text-align: center; border: 1px solid black; padding: 2px;">10-760</div> TITLE: <b>Water &amp; Waste Disposal and Grants</b>	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <div style="text-align: center;">New well pressure tank, Natural Gas generator, fittings.</div>																												
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> <b>Artois Community</b>																													
<b>13. PROPOSED PROJECT</b> Start Date    Ending Date <div style="display: flex; justify-content: space-between;"> <div>5/03</div> <div>8/03</div> </div>	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant b. Project																												
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. Federal <b>Loan Grant</b></td> <td style="width:10%;">\$</td> <td style="width:20%; text-align: right;">\$180,000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">\$20,000</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">200,000</td> <td style="text-align: right;">.00</td> </tr> </table>	a. Federal <b>Loan Grant</b>	\$	\$180,000	.00	b. Applicant	\$	\$20,000	.00	c. State	\$		.00	d. Local	\$		.00	e. Other	\$		.00	f. Program Income	\$		.00	g. TOTAL	\$	200,000	.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: <div style="text-align: right;">DATE <u>8/15/02</u></div> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal <b>Loan Grant</b>	\$	\$180,000	.00																										
b. Applicant	\$	\$20,000	.00																										
c. State	\$		.00																										
d. Local	\$		.00																										
e. Other	\$		.00																										
f. Program Income	\$		.00																										
g. TOTAL	\$	200,000	.00																										
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input type="checkbox"/> No																													
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																													
a. Type Name of Authorized Representative <b>Jack Cavier Jr.</b>		b. Title <b>Chairman</b>																											
d. Signature of Authorized Representative		c. Telephone Number <b>(530) 934-5654</b>																											
		e. Date Signed																											

Previous Edition Usable  
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)  
Prescribed by OMB Circular A-102



APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION. Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant	<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">JUN 10 2002</div>
		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

**5. APPLICANT INFORMATION**  
 Legal Name: **CITY OF AVENAL**  
 Address (give city, county, state, and zip code):  
**CITY OF AVENAL**  
**919 Skyline Blvd.**  
**Avenal, CA 93204**

Organizational Unit: **STATE CLEARING HOUSE**  
 Name and telephone number of person to be contacted on matters involving this application (give area code):

**6. EMPLOYER IDENTIFICATION (EINI):**  

9	4	2	6	0	8	2	7	3
---	---	---	---	---	---	---	---	---

**7. TYPE OF APPLICANT: (enter appropriate letter in box)** **C**  

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) _____

**8. TYPE OF APPLICATION:**  
☒ New ☐ Continuation ☐ Revision  
 If Revision, enter appropriate letter(s) in ☐ ☐  

A. Increase Award	B. Decrease Award	C. Increase Duration
D. Decrease Duration	Other (specify): _____	

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**  

1	1	3	0	0
---	---	---	---	---

TITLE: **Public Works**

AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.)  
**City of Avenal, Kings County, California**

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**  
**CITY OF AVENAL**  
**OASIS BUSINESS PARK PROJECT**

<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF: Calvin Dooley, 20th Congressional Dist.</b>	
Start Date <b>7/2002</b>	Ending Date <b>4/2003</b>	a. Applicant <b>20th Congressional Dist.</b>	b. Project <b>20th Congressional Dist.</b>

**15. ESTIMATED FUNDING**

a. Federal	\$	3,135,960	.00
b. Applicant	\$	784,040	.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. Total	\$	3,920,000	.00

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**  
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
 DATE April 2002  
 b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**  
☐ YES (Attach explanation) ☒ NO

**18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.**

a. Type Name of Authorized Representative <b>Melissa G. Whitten</b>	b. Title <b>City Manager</b>	c. Telephone Number <b>559 386-5766</b>
d. Signature of Authorized Representative 		e. Date Signed <b>April 29, 2002</b>



# Kings County Association of Governments

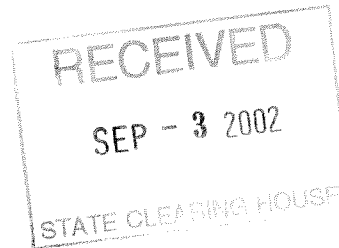
Kings County Government Center ❖ 1400 W. Lacey Boulevard ❖ Hanford, California 93230  
☎ (559) 582-3211 extension 2670 FAX (559) 584-8989  
Web Site: [www.countyofkings.com/kcag/](http://www.countyofkings.com/kcag/)

Member Agencies: Cities of Avenal, Corcoran, Hanford and Lemoore, County of Kings

---

August 29, 2002

Melissa G. Whitten, City Manager  
City of Avenal  
919 Skyline Boulevard  
Avenal, CA 93204



Re: Areawide Planning Review #02-05  
Oasis Business Industrial Park Project

Dear Ms. Whitten:

The Kings County Association of Governments (KCAG) has reviewed your proposal for federal funding assistance from the Economic Development Administration. In accordance with Office of Management and Budget Executive Order 12372, KCAG, as the areawide planning organization and clearinghouse, has coordinated local review of your proposal.

The following agencies commented that the project does not duplicate or conflict with any of their programs: Kings County Public Works Department; Kings County District Attorney's Office; Kings County Ag Commissioner/Sealer; Kings County Health Department; City of Hanford Planning Department; City of Hanford Fire Department; Caltrans, District 6 Office; Housing Authority of Kings County; and Proteus, Inc.

The Kings County Association of Governments (KCAG) staff comments that the project does not unnecessarily conflict with any County programs, is timely, and should be undertaken now. The Kings County Association of Governments Commission's comments include and ratify those of its staff and other reviewers regarding Areawide Planning Review #02-05.

Thank you for the opportunity to review and comment on your project. We would appreciate being notified by your funding agency if the application is successful. Please feel free to contact me if you have any questions at (559) 582-3211 ext. 2677.

Sincerely,

KINGS COUNTY ASSOCIATION OF GOVERNMENTS  
William R. Zumwalt, Executive Director

Rick J. Williams, Planner II

cc: Sheila Brown, State Clearinghouse, Office of Planning & Research

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b> Federal Identifier H80CS002: MCIP	Applicant Identifier  State Application Identifier  Federal Identifier H80CS002: MCIP														
<b>5. APPLICANT INFORMATION</b>																	
Legal Name: TIBURCIO VASQUEZ HEALTH CENTER, INC.		Organizational Unit:															
Address (give city, county, state, and zip code)  <div style="text-align: center;">33255 9TH STREET</div> <div>UNION CITY      CA      945872137</div>		Name and telephone number of the person to be contacted on matters involving this  <div style="text-align: center;">Jose Joel Garcia      Chief Executive Officer</div> <div style="text-align: center;">(510)471-5907</div>															
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 1237118361A1		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <span style="border: 1px solid black; padding: 0 5px;">N</span>															
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify):    Other (specify):		A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual    Other: Public Non-Profit F. Intermunicipal    (Specify)															
		<b>9. NAME OF FEDERAL AGENCY:</b> HHS, BPHC															
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:15%;"></td><td>BPHC</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>			BPHC									<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT</b> Ambulatory Primary Care System Budget Renewal					
	BPHC																
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> Hayward, Fremont Union City, Newark and Alameda County																	
<b>13. PROPOSED PROJECT:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Start Date</td> <td style="width:15%;">Ending Date</td> </tr> <tr> <td>01/01/2003</td> <td>12/31/2003</td> </tr> </table>		Start Date	Ending Date	01/01/2003	12/31/2003	<b>14. CONGRESSIONAL DISTRICTS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">a. Applicant</td> <td style="width:50%;">b. Project</td> </tr> <tr> <td>10</td> <td>10</td> </tr> </table>		a. Applicant	b. Project	10	10						
Start Date	Ending Date																
01/01/2003	12/31/2003																
a. Applicant	b. Project																
10	10																
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:80%;">\$796,027.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$0.00</td> </tr> <tr> <td>c. State</td> <td>\$1,655,555.00</td> </tr> <tr> <td>d. Local</td> <td>\$2,347,800.00</td> </tr> <tr> <td>e. Other</td> <td>\$1,335,218.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$4,588,100.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$10,722,700.00</td> </tr> </table>		a. Federal	\$796,027.00	b. Applicant	\$0.00	c. State	\$1,655,555.00	d. Local	\$2,347,800.00	e. Other	\$1,335,218.00	f. Program Income	\$4,588,100.00	g. TOTAL	\$10,722,700.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCES</b>  a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE      09/01/2002  b. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 NO. <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
a. Federal	\$796,027.00																
b. Applicant	\$0.00																
c. State	\$1,655,555.00																
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f. Program Income	\$4,588,100.00																
g. TOTAL	\$10,722,700.00																
		<b>17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?</b>  <input type="checkbox"/> YES      If "Yes", attach an explanation <input checked="" type="checkbox"/> NO															
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																	
a. Typed Name of Authorized Representative Jose Joel Garcia		b. Title Chief Executive Officer															
d. Signature of Authorized Representative		c. Telephone Number (510)471-5907  e. Date Signed															

RECEIVED

SEP - 3 2002

STATE CLEARING HOUSE

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> <i>Application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <i>Preapplication</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>		Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
Legal Name: Yosemite West Maintenance District			Organizational Unit: Special District		
Address (give city, county, state, and zip code): 4639 Ben Hur Road Mariposa, CA 95338			Name and telephone number of the person to be contacted on matters involving this application (give area code) James J. Petropulos (209) 966-5356		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">           9 4 - 6 0 0 0 8 8 0         </div>			<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <span style="border: 1px solid black; padding: 0 5px;">G</span>		
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify): _____			A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify) _____		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> TITLE: _____			<b>9. NAME OF FEDERAL AGENCY:</b> United States Department of Agriculture - Rural Development		
<b>12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):</b> Mariposa County, California			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Yosemite West Wastewater Facility <div style="border: 2px solid black; padding: 10px; text-align: center; margin-top: 10px;">           RECEIVED            SEP - 3 2002            STATE CLEARING HOUSE         </div>		
<b>13. PROPOSED PROJECT:</b> Start Date: 8/1/02    Ending Date: 10/31/03		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant _____    b. Project _____			
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>			
a Federal	\$ 3,767,000 .00	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON			
b Applicant	\$ .00	DATE _____			
c State	\$ .00	b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372			
d Local	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
e Other	\$ .00				
f Program Income	\$ .00				
g TOTAL	\$ 3,767,000 .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED</b>					
a. Typed Name of Authorized Representative James J. Petropulos		b. Title Director		c. Telephone number (209) 966-5356	
d. Signature of Authorized Representative 				e. Date Signed	

Previous Editions Not Usable

Authorized for Local Reproduction

Standard Form 424 (REV 4-88)  
Prescribed by OMB Circular A-102

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> August 23, 2002	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b>	
Legal Name: Ventura County Community College District	Organizational Unit: Ventura College
Address (give city, county, State, and zip code): 333 Skyway Drive Camarillo, CA 93010	Name and telephone number of person to be contacted on matters involving this application (give area code): Bill Thieman - (805) 648-8954

<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             9 5 — 2 2 2 4 3 3 8           </div>	<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 10px;">N</div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">             A. State              B. County              C. Municipal              D. Township              E. Interstate              F. Intermunicipal              G. Special District           </div> <div style="width: 50%;">             H. Independent School Dist.              I. State Controlled Institution of Higher Learning              J. Private University              K. Indian Tribe              L. Individual              M. Profit Organization              N. Other (Specify) <u>Public College</u> </div> </div>
<b>8. TYPE OF APPLICATION:</b> <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New           <input type="checkbox"/> Continuation           <input type="checkbox"/> Revision         </div> If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 2px 10px;">  </span> <span style="border: 1px solid black; padding: 2px 10px;">  </span> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>             A. Increase Award              D. Decrease Duration           </div> <div>             B. Decrease Award              Other(specify):           </div> <div>             C. Increase Duration           </div> </div>	<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Commerce, Economic Dev. Admn.

<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">             1 1 — 3 0 0           </div> TITLE: Public Works Grant, PW and ED Act 1965 (PL89-136)	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> VENTURA COLLEGE HYDROPONIC, GREENHOUSE AND BIO-FERMENTATION PROJECT Project combines skills development in high technology agriculture/biotechnology (ag-biotech fermentation) with research and job creation
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<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Ventura County, Cities of Oxnard, Santa Paula, Fillmore, Ventura	
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<b>13. PROPOSED PROJECT</b>	<b>14. CONGRESSIONAL DISTRICTS OF:</b>
Start Date: 10/1/03 Ending Date: 9/30/05	a. Applicant: 23rd - Elton Gallegly b. Project: 23rd - Elton Gallegly / 24th - Brad Sherman

<b>15. ESTIMATED FUNDING:</b>	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>														
<table style="width:100%;"> <tr> <td>a. Federal</td> <td>\$ 1,550,000<sup>00</sup></td> </tr> <tr> <td>b. Applicant</td> <td>\$ 1,550,000<sup>00</sup></td> </tr> <tr> <td>c. State</td> <td>\$ <sup>00</sup></td> </tr> <tr> <td>d. Local</td> <td>\$ <sup>00</sup></td> </tr> <tr> <td>e. Other</td> <td>\$ <sup>00</sup></td> </tr> <tr> <td>f. Program Income</td> <td>\$ <sup>00</sup></td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 3,100,000<sup>00</sup></td> </tr> </table>	a. Federal	\$ 1,550,000 <sup>00</sup>	b. Applicant	\$ 1,550,000 <sup>00</sup>	c. State	\$ <sup>00</sup>	d. Local	\$ <sup>00</sup>	e. Other	\$ <sup>00</sup>	f. Program Income	\$ <sup>00</sup>	g. TOTAL	\$ 3,100,000 <sup>00</sup>	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/30/02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$ 1,550,000 <sup>00</sup>														
b. Applicant	\$ 1,550,000 <sup>00</sup>														
c. State	\$ <sup>00</sup>														
d. Local	\$ <sup>00</sup>														
e. Other	\$ <sup>00</sup>														
f. Program Income	\$ <sup>00</sup>														
g. TOTAL	\$ 3,100,000 <sup>00</sup>														

<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
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<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		
a. Type Name of Authorized Representative Larry A. Calderon	b. Title President, Ventura College	c. Telephone Number (805) 654-6460
d. Signature of Authorized Representative 		e. Date Signed 8/29/02

RECEIVED

SEP - 3 2002

STATE CLEARING HOUSE

## PART I - FACE SHEET

### APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Non-Construction

2a. DATE SUBMITTED TO CORPORATION  
FOR NATIONAL AND COMMUNITY  
SERVICE (CNCS):

07/11/02

3. DATE RECEIVED BY STATE:

STATE APPLICATION IDENTIFIER:

2b. APPLICATION ID:

03SR024317

4. DATE RECEIVED:

07/11/02

GRANT NUMBER:

#### 5. APPLICATION INFORMATION

LEGAL NAME: WISE SENIOR SERVICES

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER  
PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (*give  
area codes*):

NAME: Melodye Kleinman

TELEPHONE NUMBER: 3103949871x450

FAX NUMBER: 3103940866

INTERNET E-MAIL ADDRESS:

ADDRESS (*give street address, city, state and zip code*):

1527 Fourth St  
PO Box 769  
Santa Monica CA 90406

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

952788014

7. TYPE OF APPLICANT:

7a. Non-Profit

7b. Community-Based Organization

8. TYPE OF APPLICATION:

☒ NEW

☐ CONTINUATION

☐ REVISION

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

9. NAME OF FEDERAL AGENCY:

**Corporation for National and Community Service**

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.002

10b. TITLE: Retired and Senior Volunteer Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

SANTA MONICA/WISE RSVP

12. AREAS AFFECTED BY PROJECT (*List Cities, Counties, States, etc*):

Santa Monica, West Los Angeles, Venice, Palms, Mar Vista, Beverly Hills, Pacific  
Palisades, Malibu

13. PROPOSED PROJECT: START DATE: 10/01/02      END DATE: 09/30/05

14. PERFORMANCE PERIOD: START DATE: 10/01/02      END DATE: 09/30/05

15. ESTIMATED FUNDING:

a. FEDERAL

\$ 102,435.00

b. APPLICANT

\$ 148,852.00

c. STATE

\$ 30,750.00

d. LOCAL

\$ 85,550.00

e. OTHER

\$ 32,552.00

f. PROGRAM INCOME

\$ 0.00

g. TOTAL

\$ 251,287.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE  
ORDER 12372 PROCESS?

☒ YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE  
TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR  
REVIEW ON:  
DATE: 01-OCT-02

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ YES if "Yes," attach an explanation. ☒ NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN  
DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE  
IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:

Melodye Kleinman

b. TITLE:

RSVP Project Director

c. TELEPHONE NUMBER:

3103949871x450

d. DATE:

07/11/02

